EV549908917

PTO/SB/22 (12-04)
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| PE1 | ITION | FOR EXTENSION OF TIME UNDE | Docket Number (Opt | tional) | | | | | | |
|--|---|---|-----------------------------------|------------------------------|--------------------------------------|--|--|--|--|--|
| | (Foos | FY 2005 pursuant to the Consolidated Appropriations Ac | MN1 -006US | | | | | | | |
| Appl | | Number 10/658,346 | Filed 9/9/2003 | | | | | | | |
| For | Anter | nna Assembly | | | | | | | | |
| Art l | Jnit 28 | 321 | Examiner Trinh, | D | | | | | | |
| | is a recication. | uest under the provisions of 37 CFR 1.1 | 36(a) to extend the period | od for filing a reply in | the above identified | | | | | |
| The | request | ed extension and fee are as follows (che | _ | | | | | | | |
| | | | <u>Fee</u> | Small Entity Fee | 60.00 | | | | | |
| | | One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | Φ | | | | | |
| | \sqcup | Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ | | | | | |
| | | Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ | | | | | |
| | | Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | | | | | |
| | | Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ | | | | | |
| V | Applicant claims small entity status. See 37 CFR 1.27. | | | | | | | | | |
| | A check in the amount of the fee is enclosed. | | | | | | | | | |
| | Payment by credit card. Form PTO-2038 is attached. | | | | | | | | | |
| | The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | | | | | | |
| | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to | | | | | | | | | |
| _ | Deposit Account Number 12-0/69 . I have enclosed a duplicate copy of this sheet. | | | | | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | | | | |
| 1 | | annlicent/inventor | | | | | | | | |
| I am the applicant/inventor. | | | | | | | | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | | | | | | | | | | |
| | attorney or agent of record. Registration Number | | | | | | | | | |
| | | attorney or agent under 37 C | CFR 1.34. oder 37 CFR 1.34 | 42905 | | | | | | |
| | \ | aug Monsel | | Feb 28 | 3,2005 | | | | | |
| | Signature | | Date | | | | | | | |
| | David A. Morasch | | (599) 324-9256 ext.210 | | | | | | | |
| | | Typed or printed name | Telephone Number | | | | | | | |
| | | res of all the inventors or assignees of record of the uired, see below. | entire interest or their represer | ntative(s) are required. Sub | omit multiple forms if more than one | | | | | |
| | Total | | are submitted. | | | | | | | |
| USPTO | to proce | information is required by 37 CFR 1.136(a). The infoss) an application. Confidentiality is governed by 35 ng gathering, preparing, and submitting the complet | 5 U.S.C. 122 and 37 CFR 1.11 a | and 1.14. This collection is | s estimated to take 6 minutes to | | | | | |

comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| | tive on 12/08/ | | Complete if Known | | | | | | | | |
| Fees pursuant to the Consolid | | | Application Number 10/658,346 | | | | | | | | |
| FEE IK | SNA | SMITTAL | Filing Date | 9/9/2003 | 9/9/2003 | | | | | | |
| Fo | r FY 2 | .005 | First Named Invent | or Royden | Royden M. Honda | | | | | | |
| Applicant claims small | entity status | s. See 37 CFR 1 27 | Examiner Name | Trinh, D. | Trinh, D. | | | | | | |
| | | | Art Unit | 2821 | | | | | | | |
| TOTAL AMOUNT OF PAY | MENT (\$ | 60.00 | Attorney Docket No | o. MN1 | -006US | | | | | | |
| METHOD OF PAYMEN | T (check al | l that apply) | | | | , | | | | | |
| Check Credit Card Money Order None Other (please identify): | | | | | | | | | | | |
| Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC | | | | | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | | | | | |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee | | | | | | | | | | | |
| Charge any additional fee(s) or underpayments of fee(s) | | | | | | | | | | | |
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| information and authorization | | | | | , , | | | | | | |
| FEE CALCULATION | | | | | | | | | | | |
| 1. BASIC FILING, SEAF | | | | V A BAINI A TION | N EEEO | | | | | | |
| | | FEES SEA Small Entity | RCH FEES E Small Entity | XAMINATIOI Small | Entity | | | | | | |
| Application Type | Fee (\$) | Fee (\$) Fee | | Fee (\$) Fee | e (\$) | Fees Paid (\$) | | | | | |
| Utility | 300 | 150 500 | 250 | 200 10 |)0 _ | | | | | | |
| Design | 200 | 100 100 | 50 | 130 | 55 _ | | | | | | |
| Plant | 200 | 100 300 | 150 | 160 8 | 30 – | | | | | | |
| Reissue | 300 | 150 500 | 250 | 600 30 |)0 _ | | | | | | |
| Provisional | 200 | 100 0 | 0 | 0 | 0 _ | | | | | | |
| 2. EXCESS CLAIM FEE | :S | | | | | Small Entity Fee (\$) Fee (\$) | | | | | |
| Fee Description Each claim over 20 or, for | r Reissues | . each claim over 20 ar | nd more than in the | original paten | | 50 25 | | | | | |
| Each independent claim | over 3 or, f | | | | | 200 100 | | | | | |
| Multiple dependent clain | | | | | | 360 180 | | | | | |
| Total Claims - 20 or HP = | Extra Claim | <u>rs Fee (\$) Fee</u> x 50 = | Paid (\$) | fultiple Depen Fee (\$) | dent Claims Fee Paid (| د، | | | | | |
| HP = highest number of total | claims paid fo | | | <u>Lee (4)</u> | Tee Palu (| <u>, , , , , , , , , , , , , , , , , , , </u> | | | | | |
| Indep. Claims - 3 or HP = | Extra Claim | | Paid (\$) | | | | | | | | |
| HP = highest number of indep | endent claims | | | | | | | | | | |
| 3. APPLICATION SIZE | | | | | | | | | | | |
| | | exceed 100 sheets of p | | | | 5 for small entity) | | | | | |
| for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) | | | | | | | | | | | |
| 100 = | | | (round up to a who | | | = | | | | | |
| 4. OTHER FEE(S) Fees Paid (\$) | | | | | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | | | | |
| Other: Extension fee | | | | | | 60.00 | | | | | |
| SUBMITTED BY | | | | | | | | | | | |
| Signature | Mari | .1 | Registration No. | 2905 | Telephone (5 | 609) 324-9256 | | | | | |
| Jame (Brint/Tyne) David A | Moracah | | (Attorney/Agent) | | Date Cal | 25 0 5 | | | | | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.